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# Improving care for people with Long Term Conditions

November 2016

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## Introduction

**The expertise and clinical knowledge of pharmacists must be fully utilised to support people with long term conditions and help them to achieve the desired outcomes from their medicines, thereby making more efficient use of National Health Service (NHS) resources.**

This policy document focuses on the need to enhance the role of the pharmacist as part of a multidisciplinary approach in tackling the challenges facing the NHS in treating and supporting people with long term conditions (LTCs). The recommendations in this policy are aimed at key stakeholders who have collective responsibility for ensuring the best care for people living with a LTC.

## Key recommendations

1. Pharmacists providing direct patient care should have the opportunity to train to become a prescriber, fully utilising those skills as part of the multidisciplinary approach to managing and supporting people with long term conditions.
2. The patient journey will be made easier by enabling pharmacists to directly refer to appropriate health and social care professionals, improving patient access to care and reducing the number of unnecessary appointments.
3. Patients will benefit from further integration of pharmacists into their multidisciplinary team, ensuring support at every stage of their journey, from prevention through to treatment and management of their long term condition(s).
4. All pharmacists directly involved in patient care should have full read and write access to the patient health record, with patient consent, in the interest of high quality, safe and effective patient care.

## Executive Summary

Treatment and support for people with LTCs is placing significant demands on the NHS and other public services<sup>1</sup>. With £15 billion being spent on medicines in 2015/16 they are the most common intervention in the management of LTCs. Medicines can be life-prolonging and life-saving but they can also cause harm if used incorrectly<sup>2</sup>. As the experts in medicines and their use, pharmacists can ensure people get the best outcomes from their medicines, reduce adverse events, minimise avoidable harm and un-planned admissions to hospital, while ensuring resources are used more efficiently to deliver the standard and level of care that people with LTCs deserve.

LTCs encompass a broad range of conditions such as diabetes, asthma and dementia, which are usually lifelong and cannot currently be cured. The effects and progression of conditions can however often be effectively managed given the right support.

This policy takes into account the main objectives of the NHS England Five Year Forward View. The optimal use of pharmacists in supporting patients with LTCs can:

- Improve health by maximising the pharmacist's role in health and wellbeing
- Transform care by utilising the pharmacist's skills, expertise and knowledge in medicines and their use and the pharmacist's holistic approach to patient care
- Help to control costs by reducing medicines waste and unplanned admissions to hospital by better use of medicines.

All of these are key areas outlined in the NHS Business plan 2016/17<sup>3</sup>.

This policy takes a principle-based approach to the management of LTCs. Taking into account the increased prevalence of multi-morbidities, it is not condition specific, but rather takes a holistic and overarching view of the potential contribution of the pharmacy profession to support all patients with LTCs.

## England specific recommendations:

1. Commissioners, NHS Trusts, GP surgeries and community pharmacies should develop collaborative arrangements for specific categories of patients with LTCs to be partly or completely managed by pharmacists.
2. Commissioners should develop collaborative arrangements to enable pharmacists with appropriate skills and knowledge to manage the long term care of frail, elderly people living in care homes and other domiciliary settings.
3. Public health organisations should fund the use of community pharmacies to target specific health promotion topics that impact on the management of LTCs.
4. Steps should be taken at national and local levels to develop ways of working that enable health care professionals to operate efficiently and effectively across traditional sectors.
5. Pharmacists must play an important role in the safe management of people with one or more LTCs, and on several medicines (polypharmacy), by improving adherence to treatment, reducing side effects and admission to hospital, de-prescribing where appropriate.
6. Pharmacists will contribute, with others, to the prevention and screening of disease, self-care and supporting patients diagnosed with a LTC from disease progression by supporting their health and wellbeing.
7. Opportunities must be created for multidisciplinary teams to train and develop

together to encourage greater collaboration and sharing of expertise.

8. Pharmacists must have protected time to advance their practice and to sustain their professional development.

Actions will be required across NHS England to review current service provision for long term conditions and to evaluate how services are funded and resources utilised.

## Context for change

Pharmacists play a key role in on-going monitoring, support and treatment of patients with LTCs. They are also ideally placed to recognise early signs and symptoms of a LTC and should be able to make appropriate referrals. Additionally, pharmacists and their teams play an important role in preventing LTCs, promoting health and wellbeing and in delivering services to optimise patients' medicines. Pharmacists can offer care that is tailored to people's individual goals and priorities, demonstrated via patient activation measures, to address the complexities surrounding LTCs, thereby making more efficient use of NHS resources. All of this means that pharmacists must be routinely integrated into care pathways for all LTCs. The role of pharmacists in supporting patients with LTCs was outlined in *'Now or Never: Shaping Pharmacy for the Future'*<sup>4</sup> (Nov 2013) where it states that *'The NHS is engaged in an urgent search for ways to provide better standards of care in the face of unprecedented pressure on budgets, and justifiably intense scrutiny of quality. Only by adapting to the needs of patients with long-term conditions and preventable illnesses can this be achieved.'*

*Pharmacists have a vital role in helping the NHS make the shift from acute to integrated care, and fulfilling the pressing need to do more for less.'*

It is widely acknowledged that LTCs are the greatest challenge currently facing the NHS and demand for services to support LTCs is predicted to rise<sup>5</sup>. It is estimated that a third of people in Great Britain are currently living with a LTC<sup>6,7,8</sup>. Most people have more than one LTC, and multiple morbidities is the norm in older people<sup>9</sup>. LTCs are a major concern in certain ethnic groups due to poor management, apathy and lack of understanding such as the higher risk of diabetes in minority ethnic groups<sup>10,11</sup>. As well as affecting an individual's health, there can be associated wider social and economic challenges for the individual and implications for family members, who may be providing care for a loved one. The Community Pharmacy Forward View<sup>12</sup> highlights the role of pharmacists as facilitators of personalised care for people with LTCs and provides insight into how this can be achieved.

Pharmacy has a major contribution to make in delivering the integrated NHS Right Care<sup>13</sup> methodology to increase quality, value, deliver better patient outcomes and to reduce unwarranted variation in NHS care. Almost all LTC pathways are reliant on medicines. Pharmacists should be funded to review medicines with patients to help improve quality of care and patient empowerment and 'ownership' of their condition, directly linked in with NHS Right Care delivery. This approach sits well with the Sustainability and Transformation Plans (STPs) and should be actively considered as a method of delivering NHS value.

Primary care has come under increasing pressure in recent years, with higher demands on general practitioners (GPs) and longer waiting times<sup>14</sup>. Alongside this, demands on urgent and emergency care are rising<sup>15</sup>. People with a LTC are twice as likely to be admitted to hospital as a patient without a LTC<sup>16</sup>, which indicates a requirement to more effectively support people living with LTCs within their communities. Not only is this distressing for patients, it also puts unnecessary and avoidable pressure on secondary care resources. With the average cost of a hospital stay for a non-elective inpatient estimated to be £1,565/day<sup>17</sup>, it is becoming increasingly vital for people to be supported in a way that will improve their health outcomes and positively avoid hospital admissions wherever possible.

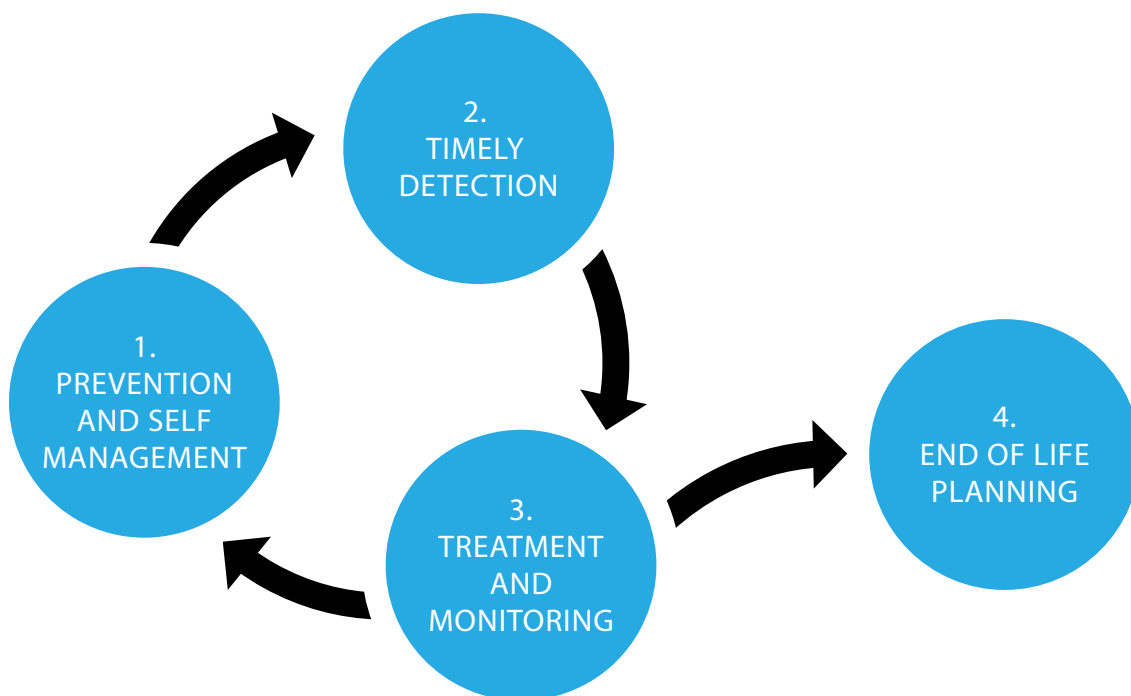
Non adherence to medicines is between 30-50%<sup>18</sup> and is a considerable issue for the NHS. It has been suggested that improving the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments<sup>19</sup>. A report in 2010<sup>20</sup> stated that up to £500 million of extra value could be generated in just five therapeutic areas (asthma, diabetes, raised blood pressure, vascular disease and the care of people with schizophrenia) if medicines were used in an optimal manner. The principles of medicines optimisation describe how healthcare professionals can enable patients to improve their quality of life and outcomes from medicines use by having a sustained focus on the need to optimise patients' medicines<sup>21</sup>.

## Patient health journey for long term conditions

Pharmacists are already making important contributions to the prevention and support for the management of LTCs; however the potential of the pharmacy workforce has not yet been maximised.

As part of a multidisciplinary approach, pharmacists as experts in medicines and their use, have a positive impact on the care and lives of people with LTCs. There are pockets of best practice where patients benefit from coordinated care for LTCs yet service provision is inconsistent across GB.

Figure 1: Support for people with long term conditions Cycle (LTCs Cycle)



Individuals must benefit from access to the right health and social care skill set at the right time to meet their physical and mental health care needs. Individuals must feel empowered to be decision-makers in their own care to help shape their desired outcomes at all points of the LTC cycle.

The role of pharmacists at each point of the LTC cycle is further explored below.

## Prevention and Self-Management

All individuals must be encouraged and given the tools to maintain their own health and wellbeing. The Self Care Forum describes a 'four pillars of engagement'<sup>22</sup> approach to self-care. The pharmacy team are well placed to support individuals at each point of this engagement model;

1. Lifelong Learning: Over 1.6 million people visit a pharmacy in England every day<sup>23</sup>. The often informal nature of the contact with a pharmacy means that it is possible to provide opportunistic education, advice and support for people at every stage throughout life. Pharmacists are ideally placed to make every contact count, particularly when patients come in to collect their prescriptions or purchase medicines over the counter.
2. Empowerment: There are currently around 13,616 community pharmacies in GB (1,200 in Scotland<sup>12</sup>, 716 in Wales and 11,700 in England<sup>11</sup>). The accessibility of the community pharmacy network on the high street, in supermarkets and in rural communities provides a gateway to health and medicines advice from a healthcare professional without the need for an appointment, offering reassurance and empowering people to take greater control of their own health and wellbeing.
3. Information: As a trusted healthcare profession, pharmacists provide a reliable and confidential source of health and medicines information. The pharmacy team can also ensure that individuals are signposted to

trusted resources and groups, both national and local, for further information about their physical and mental health. Self-assessments tools on how to reduce risk could also be used with individuals, to assess and understand their relative risk of developing a LTC. Obesity and smoking, for example, are linked with most long term conditions<sup>24</sup>. Pharmacists can advise on reducing risk by providing information on positive lifestyle choices, information on self-care and providing services such as stop smoking<sup>10</sup>.

4. Local and National Campaigns: An essential service that a community pharmacy provides is the promotion of healthy lifestyles. While the six locally determined public health campaigns each community pharmacy is contracted to undertake each year is a useful platform, national campaigns provide a real opportunity for consistent messages to be delivered to all individuals. The engagement and inclusion of community pharmacies in national campaigns has improved in recent years, for example the Stoptober smoking campaign, and the public are now often signposted to pharmacies and pharmacists for help. This must continue, and could be further enhanced with co-ordinated GB campaigns.

Giving people the information and tools to make positive lifestyle choices and promoting self-care empowers people and they are essential steps in helping maintain good health and preventing illness. Shifting resources to further support people to stay in the prevention phase of the LTC cycle (figure 1) for as long as possible will help to move the NHS from an 'illness' service to a 'wellness' service.

The NHS Five Year Forward View<sup>25</sup> states that 'the argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the

economic prosperity of Britain all now depend on a radical upgrade in prevention and public health'. Pharmacists have a key role to play in this arena.

## CASE STUDY I

### Prevention of type 2 diabetes in community pharmacies:

Participating patients underwent an assessment using a validated questionnaire to determine their 10-year risk of developing type 2 diabetes within Boots pharmacies. Patients were given appropriate lifestyle advice or referred to their general practitioner if necessary.

#### Key findings

In total, 21,302 risk assessments were performed. Nearly one-third (29%) of 3427 risk assessments analysed yielded a result of moderate or high chance of developing the condition.

Nearly one-third (29.1%) of assessments yielded a result of a moderate or high chance of developing the condition, with 60.4% being conducted on people considered overweight or obese.

Community pharmacies can identify a significant number of patients at risk of developing type 2 diabetes in the next 10 years.

<http://onlinelibrary.wiley.com/doi/10.1111/ijpp.12139/full>

*"Through our experience of providing the LloydsPharmacy Type 2 Diabetes Screening Service in community pharmacies for over 13 years, we know there are many opportunities to help find the millions of people that are at risk or have the condition and don't know it. Through engaging customers and patients in conversations about their health and lifestyle we can help to identify them early and provide the necessary advice, guidance and signposting in a friendly and familiar setting. The fact that we have now performed over 1.5million checks shows that pharmacy is an ideal place to provide such interventions. Our services extend to supporting people with a diagnosis, in helping them to manage their condition effectively, such as foot care awareness and medicines advice, which go some way to support the multi-speciality care required to manage diabetes".*

Sam Preston, Prescription and Services Manager at LloydsPharmacy

## CASE STUDY 2

### **Green Light Pharmacy**

Green Light Pharmacy has a long-standing collaboration with local third-sector bodies and neighbourhood organisations linked to the local authority's Health and Wellbeing Board. The overall project is funded by the Big Lottery and a key delivery stream is focussed on addressing health inequalities that exist between the local population and the rest of the population (of the borough/city/country).

The current service has been branded as WellFair to link it to other services that are available via social prescribing, including healthy walks and patient-led health talks.

During the 1 and a half years that this project has been running, Green Light Pharmacy has screened 695 people. Of this 136 people were eligible and consented to having a fuller health check as a follow-up to the screening, looking at vascular health, mental health, cancer screening, and dental/optical health access. This doesn't exclude people with existing health conditions as it is a useful way of re-engaging people with health and social care services.

Around 90% of those receiving full screening were referred to NHS follow-up to address health issues that were identified, primarily related to vascular health but also mental health.

<http://www.westeustonpartnership.co.uk/wellfair/>



## Timely detection

When an individual first starts to experience symptoms of ill-health, they may initially attempt to self-manage. People will often seek advice from a pharmacy and this is an ideal opportunity for the pharmacist to detect early warning signs of what could potentially become a LTC. Early detection and timely referral can make a significant difference to a person's quality of life, particularly at the early stages of LTCs such as rheumatoid arthritis<sup>26</sup> and dementia<sup>27</sup>. Pharmacists see people regularly and are able to detect signs and symptoms of deterioration.

The current referral process leads to delays in access to treatment for the patient and contributes to unnecessary workload for the GP.

Currently, the primary care system creates a barrier for direct referral from one health professional to another. When people present at a pharmacy with symptoms that require referral, the pharmacist has few options other than the traditional route of informally referring individuals to their GP. The pharmacist may have already recognised that the patient would benefit from quick access to another health or social care professional (e.g. dietician, physiotherapist) but this would require onward referral from the GP.

To ease the pressures on GPs, direct referral arrangements to other healthcare professionals for minor health conditions must be routinely available, enabling GPs to focus on diagnosing more complex conditions. This would ensure the patient journey is streamlined, reducing duplication and improving cost effectiveness and efficiency of services. We would also expect direct referrals into community pharmacies from other health and social care professionals for treatment of common conditions, for medicine reviews and for ongoing monitoring, support and treatment of patients with LTCs.

More opportunities for simple screening for LTCs should be explored as part of preventative approaches to healthcare (e.g. atrial fibrillation detection and monitoring, blood pressure monitoring for hypertension and stroke prevention and testing blood sugar levels for diabetes). Early detection with appropriate information and support and simple lifestyle changes could prevent significant medical interventions and hospital admissions in the longer term.

### CASE STUDY 3

#### Early detection of atrial fibrillation via community pharmacists

This project, led by a team at the Royal Brompton and Harefield NHS Foundation Trust, is looking at how the detection and treatment of atrial fibrillation (AF) can be improved via 'enhanced' medicines use reviews in community pharmacies. Community pharmacists currently provide medicines use reviews to patients and are ideally situated to facilitate the diagnosis of AF.

Ten community pharmacists will carry out detailed medicines reviews for patients with risk factors for developing AF, for example high blood pressure or diabetes and, in patients with existing AF, they will check that they are receiving optimised treatment and are taking anticoagulants. As part of the consultation, the pharmacists will use a portable electrocardiography (ECG) device, called an AliveCor monitor, to detect AF.

Patients who are found to have undiagnosed AF, are not appropriately anticoagulated, have poor heart rate control, or have high symptom burden, will be referred to the Arrhythmia Care Team at Harefield Hospital, where they will be reviewed and offered individualised treatment.

<http://www.health.org.uk/programmes/innovating-improvement/projects/enhanced-medicines-use-reviews-improve-detection-and>

In a different study, pharmacists in six pharmacies in Kent undertook atrial fibrillation screening from October 2014 to January 2015. Of 594 patients screened, nine were identified as at risk of having AF and were referred to their GP. The service also identified 109 patients with undiagnosed hypertension, 176 patients with a Body Mass Index of more than 30, 131 with an Audit-C score of more than 5 and 59 smokers. Pharmacists provided 413 interventions in 326 patients aimed at weight reduction (239), alcohol consumption (123) and smoking cessation (51).

[http://www.heartrhythmalliance.org/files/files/afa/for-clinicians/Twigg\\_2016.pdf](http://www.heartrhythmalliance.org/files/files/afa/for-clinicians/Twigg_2016.pdf)

#### CASE STUDY 4

##### **Pharmacists supporting patients with dementia**

Pharmacists are ideally placed to recognise any deterioration or decline in mental health and recognise early signs and symptoms of LTCs such as dementia or cancer. The final package for community pharmacy in 2016/17 and beyond introduces a quality payment system and one of the quality criteria is that 80% of all pharmacy staff working in patient facing roles are trained dementia friends.

The majority of community pharmacists England are now dementia friends and Manchester have recently published a framework to ensure all the community pharmacists in the area are dementia friendly environments (<http://psnc.org.uk/bolton-lpc/bolton-ccg-information/dementia-friendly-pharmacy-framework/>).

## Treatment and Monitoring

Once an individual has been given a diagnosis of a LTC and stabilised by their GP or appropriate specialist, ongoing support should be provided by an appropriate multidisciplinary team which provides patient centred, integrated care. When prescribed and taken effectively, medicines have the potential to significantly improve quality of life and improve outcomes for individuals with a LTC. By focusing on a holistic approach to pharmaceutical care and optimisation of medicines, pharmacists can support individuals to maintain good health and wellbeing and avoid complications associated with their existing LTC, as well as working to prevent the development of further LTCs. It is important that patients are engaged in their treatment to obtain maximum benefit from it. The use of patient activation measures is increasingly being used within the NHS to recognise the patient's level of engagement and motivation and has been effectively used in the community pharmacy setting.

People with multiple LTCs are likely to need more complex medicines regimens with more intensive support from health professionals. It is recognised that the impact of multiple morbidities is profound and multi-faceted. Patients with several LTCs have poorer quality of life, poorer clinical outcomes, longer hospital stays and more post-operative complications, and are more costly to health services<sup>28</sup>. The rise in the number of patients with LTCs and multimorbidity is known to have increased prescribing rates; the proportion of patients receiving 10 or more medicines has grown from 1.9% in 1995 to 5.8% in 2010 and the average number of items per person increased by 53.8% between 2001 and 2011<sup>29</sup>.

Using multiple medicines (polypharmacy)<sup>30</sup> can become problematic where medicines are prescribed inappropriately, or where the intended benefit of the medication is outweighed by the risk. The more medicines an individual is prescribed, the greater the risk of drug interactions and adverse drug reactions, as well as impaired adherence to medicines and a reduced quality of life.

As the number of individuals with multiple morbidities become more prevalent, the challenges associated with prescribing the right medicines and supporting patients to use them effectively should not be underestimated. This increase in complexity means that besides developing and maintaining prescribing competency for individual conditions, prescribers have the challenge of keeping up to date with new medicines, manage the risk of adverse events and the potential for interaction between medicines prescribed for different conditions<sup>31,32</sup>.

Managing polypharmacy is where the expertise of the pharmacist is essential as part of multidisciplinary approaches to care. The in-depth pharmacology, therapeutics and medicines expertise of the pharmacist is essential when considering the optimal medicines regimen for a person with multiple morbidities. Following condition specific guidelines may no longer be the most appropriate course of action for the individual. Pharmacists therefore play a leading role in the optimisation of medicine regimens for people with LTCs; ensuring appropriate use of medicines, stopping inappropriate medicines as well as considering opportunities for lifestyle changes and non-medical therapies.

## CASE STUDY 5

### Using community pharmacists as independent prescribers in community based anti-coagulation services

Boots UK has been caring for patients taking warfarin by initiating therapy and monitoring ongoing dosing through community based anticoagulation services for almost 10 years.

Following the publication of updated NICE guidelines in June 2014, Boots worked closely with Bromley CCG to develop a new clinical pathway to support these guidelines. The new pathway uses independent pharmacist prescribers to encourage a shared decision making discussion with patients to offer all available treatments for anticoagulation, not just warfarin.

Once patients are referred from their GP, independent pharmacist prescribers (IPs) carry out a thorough consultation with patients and where clinically indicated, the IPs can prescribe the patient's anticoagulant of choice. Patients who are prescribed warfarin then go on to join the Boots Anticoagulation Service for ongoing management and patients who choose a Direct Oral Anticoagulant (DOAC) are monitored for a period of three months before their care is transferred back to their GP.

Since the introduction of the new pathway in January 2016, Boots IPs have initiated either warfarin or a DOAC for over 80 patients resulting in significantly positive outcomes.

#### Key findings

- Extremely positive patient satisfaction with regular 100% scores in patient feedback questionnaires
- Patients seen in clinics within days of the completed referral being received, minimising potential delays to initiating therapy
- Freed up capacity in the Trust Haematology department to focus on patients and inpatients with more complex needs
- Fantastic clinical development route for pharmacists to train and practice as IPs; demonstrating how pharmacy supports the wider health system

*"I was personally the first IP to pioneer this new model of care in the Bromley service and wrote the first FPI0 prescription. It was a very proud moment for Pharmacy, for Boots UK and for me to carry out an activity that would have historically only been done in secondary care. We have moved from a fragmented pathway across primary and secondary care to a more complete and seamless level of care for our patients"*

Shirley Walker (Healthcare Partnership Manager and Independent Prescriber, Boots UK)

## CASE STUDY 6

### **Monitoring of children with Attention deficit hyperactivity disorder (ADHD) in the New Forest (pilot)**

A service has been established where children who have been diagnosed with ADHD have their monitoring undertaken at their local community pharmacy. The pharmacists take regular measurements of height, weight, heart rate and blood pressure as recommended by National Institute of Health and Care Excellence (NICE) guidance and the results are fed electronically to the Child and Adolescent Mental Health Services (CAHMS) team who review the results and take any necessary follow up actions.

The benefits to the patient and their families are:

- Timely physical monitoring
- Receive regular repeat prescriptions
- Minimal disruption to school, work and family life
- Saving in travel costs, time and inconvenience
- Expert advice in medication
- Reduced stigma.

And the benefits to the CAHMS service are:

- Increased access to care
- Reduction in missed, delayed or non-attended appointments
- Compliance with NICE standards
- Frees up clinical time and reduces waiting lists
- Greater use of technology
- Enhanced quality of care.

This service is now being rolled out across the area. For more information please contact Paul Bennett at [paul.bennett@hampshirelpc.org.uk](mailto:paul.bennett@hampshirelpc.org.uk)

## CASE STUDY 7

### Four or more medicines service

[www.communitypharmacyfuture.org.uk](http://www.communitypharmacyfuture.org.uk)

- Aimed at patients aged over 65 years taking four or more medicines:
  - High users of NHS resources who may not be getting optimal benefits from medicines
  - Poor adherence can lead to worsening of the condition
  - Adherence is more problematical with multiple medicines
  - Older people are more susceptible to adverse drug reactions.
- 620 patients recruited by 25 pharmacies across Wigan in four months across all socio-demographic areas.

Patients saw benefits from pharmacist interventions which improved their understanding of their medicines and addressed specific issues they were having.

After six months, patients had:

- Significant increase in medicines adherence
- Significant reduction in medical and self-treated falls
- Significant increase in patient quality of life.

Patients reported a general improvement in health. Pharmacy teams picked up on a range of issues, not all medicines related. Patients were more satisfied with the management of their condition, a key NHS objective. Quality of life was improved in small but significant ways, such as advising on the correct length of walking sticks and how medicines could fit in with home and social life.

Based on the findings from the FOMM Service, it is estimated that if the service was delivered from 11,100 pharmacies in England to 954,600 patients then the NHS would see annual benefits of:

- **£35.57m** in reduced medicines costs and hospital admissions as a result of STOPP / START recommendations
- **£33.87m** in reduced hospital costs due to reduction in falls that result in fractures.
- 17,200 QALYs
- Benefits as a result of improved medicines adherence, pain, and falls that do not require secondary care treatment have not been quantified.

## CASE STUDY 8

### Leicester pharmacists supporting patients with asthma

In collaboration with other health professionals, community pharmacists were given extra training to deliver structured asthma reviews including reviewing inhaler technique.

13 pharmacists carried out reviews in Leicester city centre on 165 patients with follow-up appointments at 3 and 6 months:

- 42% of patients had not had an asthma review at their GP practice in the last 12 months
- 56% had not had their inhaler technique checked in the last year

Using the validated Asthma Control Test (ACT) the results showed most improvement in those patients who had not had an asthma review from their GP in the last 12 months; showing patients receiving significant clinical and quality of life improvement.

It is known that people only take their medicines as prescribed 50% of the time which leads to poor outcomes and wasted resources. The study found considerable improvement in patients' compliance with their medicines, resulting in better overall asthma control.

The study demonstrated a 32% decrease in GP appointments and a 40% reduction in hospital admissions. The authors concluded that to improve patient outcomes and thus decrease hospital admissions, pharmacist asthma reviews should be targeted at patients who have not had a review from the GP recently, capitalising on the accessibility and approachability of the community pharmacist.

<http://www.pharmaceutical-journal.com/news-and-analysis/features/make-asthma-simple-for-your-patients/11138140.article>



Research evidence consistently demonstrates that people with long-term conditions are two to three times more likely to experience mental health problems than the general population. Much of the evidence relates specifically to affective disorders such as depression and anxiety, though multiple morbidities are also common in dementia, cognitive decline and some other conditions<sup>33</sup>. Overall, the evidence suggests that at least 30 per cent of all people with a long-term condition also have a mental health problem. Pharmacists see people with LTCs on a regular basis and so are well placed to recognise any signs and symptoms of mental health issues such as depression.

## Palliative and End of Life Care

People can live well with a LTC, providing that it is managed effectively. Palliative and end of life care may not be an inevitable part of the long term condition cycle. Should a patient's condition begin to deteriorate sufficiently however, it could become a necessary extension of their treatment and management plan as illustrated in Figure 1.

People with palliative care and end of life care needs must be treated with dignity and respect and empowered to shape their own patient journey<sup>34</sup>. Medicines can be of significant benefit during end of life care to control pain, alleviate symptoms and stabilise people's conditions. It is an area of care where people can benefit significantly from the support and expertise of a pharmacist to help them make decisions about their medicines and health care.

We recognise that end of life care can be a very difficult process for families and carers, some may have to take over decision making for their relative and as such it is vital that families and carers are supported and given as much advice and information as they need, at a time that is appropriate for them. Support for the patient and carer or family must also include dialogue between the whole multidisciplinary health team, social care and third sector to ensure the patient's needs are effectively met in the care setting of their choice. Co-ordination and communication across the multidisciplinary team will be critical to delivering high quality and responsive palliative and end of life care. This can be facilitated by read and write access to the electronic patient record.

In addition there are often problems in accessing palliative care medicines in the last few days of life as the needs of the patient change rapidly, especially for opioids, or for injectables for syringe drivers. The access to medicines needs managing effectively to avoid medicines wastage, but within an area a network of pharmacists could be established that hold such supplies and have expertise within this area of care.

## Competency

Pharmacists are highly skilled healthcare professionals with in depth knowledge on medicines and their use. They undertake a 5 year examined programme which comprises of a taught Masters level degree at University accompanied by an additional one year of supervised training during which they are required to meet performance standards and must pass the registration assessment before becoming registered by the General Pharmaceutical Council.

Pharmacists can demonstrate their competency to manage LTCs through engagement with RPS Affiliated Partners National Training Programmes and associated RPS assessments. These programmes align to the RPS Roadmap which supports development and recognises practitioners for their stage of practice post-registration. (<http://www.rpharms.com/you-and-your-career/developing-your-practice.asp>)

Pharmacists need to work closely with, and collaborate with colleagues in primary care to ensure that patient care is joined up.

## Next Steps

This policy has been developed to instigate action at national and local levels to ensure people with long term conditions can benefit from greater access to the expertise of pharmacists. The implementation of these recommendations will help to drive quality improvements in the delivery of care by the multidisciplinary team and will contribute to the changes needed to reduce demands on our health and social care services, including emergency care in England.

Action will be required across NHS England to review current plans for long term conditions and to address the role that the pharmacy profession can play in the development of effective models of care. This should be a key element of STPs. The Royal Pharmaceutical Society in England is committed to working with the NHS and its other partners to drive this important agenda forward and to evaluate its effectiveness in improving patient care.

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